



**SAMPLE LETTER THAT WILL  
ACCOMPANY ALL ART SENT  
TO FIELD SALES**

**DATE:** \_\_\_\_\_

**TO:** \_\_\_\_\_

The enclosed mechanical artwork complies with the legal requirement for the correct Surgeon General's Warning Statement and "tar" and nicotine copy required for the Temporary or Permanent POS item described.

Under no circumstances are you to resize, alter any copy or graphic elements (except in "price" area), change colors, or omit copy without prior approval from R.J. Reynolds Tobacco Company.

The Surgeon General's Warning Statement is a live digital art file and does print as included in the mechanical file. The area inside the Surgeon General's Warning ruled box must remain white, with rule and type printing black. It cannot be altered, recreated, resized or moved from the position in which it appears. The dashed line outside the ruled Surgeon General's Warning Statement does not print, but represents the dead area in which color, but no graphic or copy may appear.

The "tar" and nicotine copy, if supplied, cannot be altered, produced in a substitute font, resized or moved from the position in which it appears.

If this mechanical contains an  $\frac{1}{4}$ " advertising break line, which is included to separate "advertising areas" from "non-advertising" areas, this advertising break line does print and cannot be reduced, enlarged, deleted or moved from the position in which it appears.

If you have any questions, please contact (Agency Contact - Telephone Number).

Enclosed please find the following materials:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

51862 5625

## SPECIAL POS / PDI REQUEST FORM

FSC168B.XLS

Date: \_\_\_\_\_  
Requesting RJR Manager: \_\_\_\_\_  
Region #: \_\_\_\_\_  
Voice Mail #: \_\_\_\_\_

After approval by Region Sales Manager  
e-mail, or fax form to your Area Manager of  
Operations.  
Allow a minimum of 6 - 8 weeks for  
special requests.

Store / Chain Name: \_\_\_\_\_  
# Stores: \_\_\_\_\_

RSM Approval \_\_\_\_\_

AMO Approval \_\_\_\_\_

Requesting: (X one)  
Produced POS / PDI: ☐

Is this an existing item ? ☐

yes / no

or a new item ? ☐

yes / no

or  
Digital Art Mechanical Only: ☐

Due Date Required: \_\_\_\_\_

Description Of Request:  
Please give as much detail  
as possible.

Drawing of Request:

( Attach separate drawing  
if necessary and sample  
if available)

Exact Size: \_\_\_\_\_

"(H)

"(W)

Quantity Requested: \_\_\_\_\_

Size excluding dead areas: \_\_\_\_\_

"(H)

"(W)

Identify dead areas: ( hidden by frames, etc. )

Top: "

Bottom: "

Sides: "

Sku Pack: \_\_\_\_\_

Ship To Location: \_\_\_\_\_

Name: \_\_\_\_\_

( If this request is to be  
warehoused by RJR,  
please write RJR in  
name area )

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Complete the below information only if art is being requested for local production

Store / Chain Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Printer / Supplier Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

To be completed by W/S

Date request received: \_\_\_\_\_

Requisition date: \_\_\_\_\_

Item # assigned: \_\_\_\_\_

Sku pack: \_\_\_\_\_

Warehouse: \_\_\_\_\_

P.O. # assigned: \_\_\_\_\_

Supplier assigned: \_\_\_\_\_

Due date in warehouse: \_\_\_\_\_

Project cost: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

Actual Cost: \_\_\_\_\_

G/L code assigned: \_\_\_\_\_

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